

# Harry Barnes

Died at	Town <i>Jail</i>	County <i>Howard</i>	MARYLAND
Date	Month <i>Nov</i>	Day <i>15</i>	Y. M. D. <i>15</i>
Male	<input checked="" type="checkbox"/>	Age <i>white</i>	Native of <i>Md.</i>
Female	<input type="checkbox"/>	Married	Occupation <i>Laborer</i>
		<input type="checkbox"/>	Divorced
		<input type="checkbox"/>	Number of children living
Husband of	<i>Jacob Barnes</i>		
Wife	<i>Martha Barnes</i>		
Father's Name			
Mother's Name			
Cause of Death	Primary Fall from horse while riding bad roads. 12 days Immediate meningitis resulting from concussion of brain		
	How long sick Accident, Suicide, Homicide		
Reported by	<i>William E Hodges M.D.</i>		
Address	<i>Ellicott City - Md.</i>		

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Emily A. Carroll

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Clarksville	Howard			
Date of death 1903	Month Nov.	Day 19	Years 73	Months 10	Days 16
Sex Female	Color or Race white	Occupation			
Married, Single or Widowed Widow					
Name of Wife or Husband Wm Carroll (deceased)					
Father's Name Dr. Tilghman Beyer (deed)	Father's Birthplace Frederick, Md				
Mother's Maiden Name Mary Anne <del>Beyer</del> Lamar	Mother's Birthplace Jefferson, Md				
Name of person giving information Mrs Frances J. Willard	How related to deceased Sister				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Jaundice - Malignant Tumor	How long 1 week
immediate Exhaustion	How long -
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician H.H. L. Lewis
	Address Highland.
Accident or Suicide?	



Name  
in  
Full

William Dorsay

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days	
1903	Nov.	20th	Age 15	0	0	
Sex	Male	Color or Race	Black	Birth-place	Maryland,	
Occupation	School boy	Where Residing if not at place of death				
Married, Single or Widowed	—	Name of Wife or Husband	—	Father's Birthplace	Maryland	
Father's Name	Chas. Dorsay	—	—	Mother's Birthplace	Not known	
Mother's Maiden Name	Not known	—	—	How related to deceased	Not related	
Name of person giving information	J. Dumbell	—	—	—	—	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Hemis. Pulmonalis		How long	6 months.
Immediate	Ascertenias		How long	1 day.
Are the name, age, sex, color, date and place correctly given above?		Yrs	Signature of Physician	L.S. Dunning M.D.
			Address	Alexandria City, Md.
Accident or Suicide?		No.		



Name  
in  
Full

Marcia L. Daugler

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at	Town	County			MARYLAND		
Date of death	Month	Day	Years	Age	Months	Days	
Sex	Color or Race	Birthplace			Howard Co		
Married, Single or Widowed	Occupation						
Name of Wife or Husband							
Father's Name	Dorey Daugler			Father's Birthplace	Howard Co		
Mother's Maiden Name	Harriet Wadfield			Mother's Birthplace	Howard Co		
Name of person giving information	Harriet Daugler			How related to deceased	mother		

CAUSES OF DEATH

Primary  
*Syphus per se*

How long  
*3 weeks*

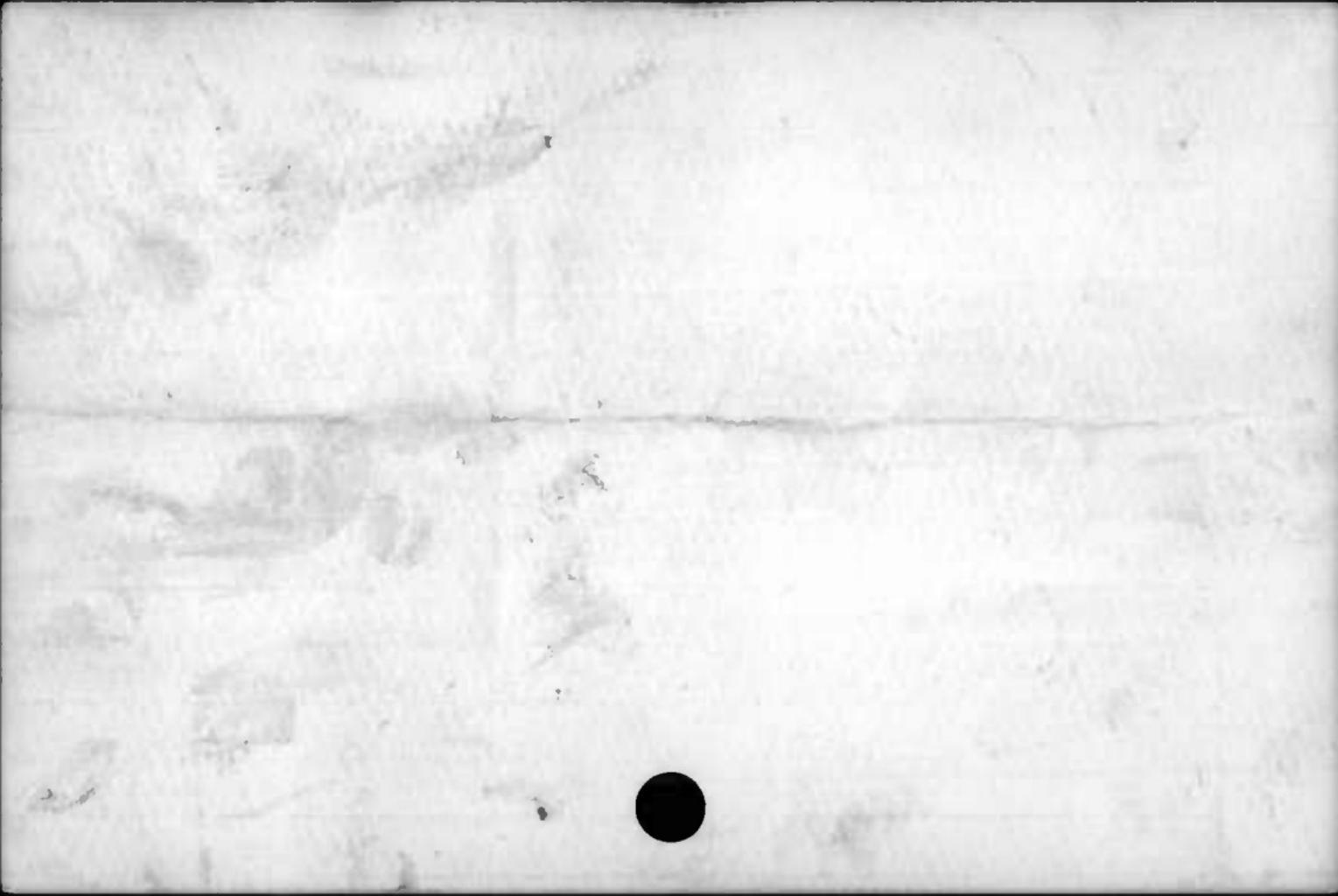
Immediate  
*ja*

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician  
*J.P. Ryals*  
Address  
*Laurie Md*

Accident or Suicide?



Name  
in  
Full

Joseph Grejo

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Town	Howard			County		MARYLAND	
Date of death 1903	Month Novbr.	Day 14 <sup>th</sup>	Age 18	Years 18	Months —	Days —	
Sex male	Color or Race	white	Occupation	Birth- place	Italy		
Married, Single or Widowed	Single	laborer			Father's Name	Italy	
Name of Wife or Husband	V66-			Mother's Name	Italy		
Father's Name	not known	V66-			Father's Birthplace	Italy	
Mother's Maiden Name	not known	V66-			Mother's Birthplace	Italy	
Name of person giving Information	P. A. Porter	V66-			How related to deceased	not related	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	How long
Immediate Killed by passenger train	How long
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician Bernard G. Wallenhorst, J.P. Address 821 Ellicott City, Md.
Accident or Suicide?	acting Coroner

216163  
Giuseppe Greco

# Edward George Grey

Died at		Town	County	MARYLAND
Eek Ridge		Howard		
Date 1903	Month	Day	Y. M. D.	Native of
Nov. 30	Age	16.9	2	Md
Male	White	Married	Widow	Divorced
Female	Gelered	Single	Widower	Number of children living
Husband of				
Wife				
Father's Name	George Grey	Mother's Maiden Name	Mary Annie Hale	
Cause of Death	Primary: Diabetes Mellitus	How long sick 6 mos.		
	Immediate: Acute Lobar Pneumonia	Accident, Suicide, Homicide		
Reported by	Wm R. Eareckson			
Address	Eek Ridge, Md. [Redacted]			

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Stewart & Mowen  
215 Park ave  
Balto MD

Name  
in  
Full

Tank. Griffith

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1903	Month Nov.	Day 12	Years Age 33	Months	Days
Sex Male	Color or Race White	Occupation Farmer	Birth-place Montgomery Co.		
Married, Single or Widowed Married					
Name of Wife or Husband Vimbie Griffith					
Father's Name Chas. A. Griffith	Father's Birthplace Montgomery				
Mother's Maiden Name Hester Sossey	Mother's Birthplace Howard Co.				
Name of person giving Information	How related to deceased bb				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary  
Gun shot wound  
How long

Immediate  
Internal hemorrhage  
How long

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

H. G. Spurrier M.D.  
Montgomery Co.

Accident or Suicide?

accident



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

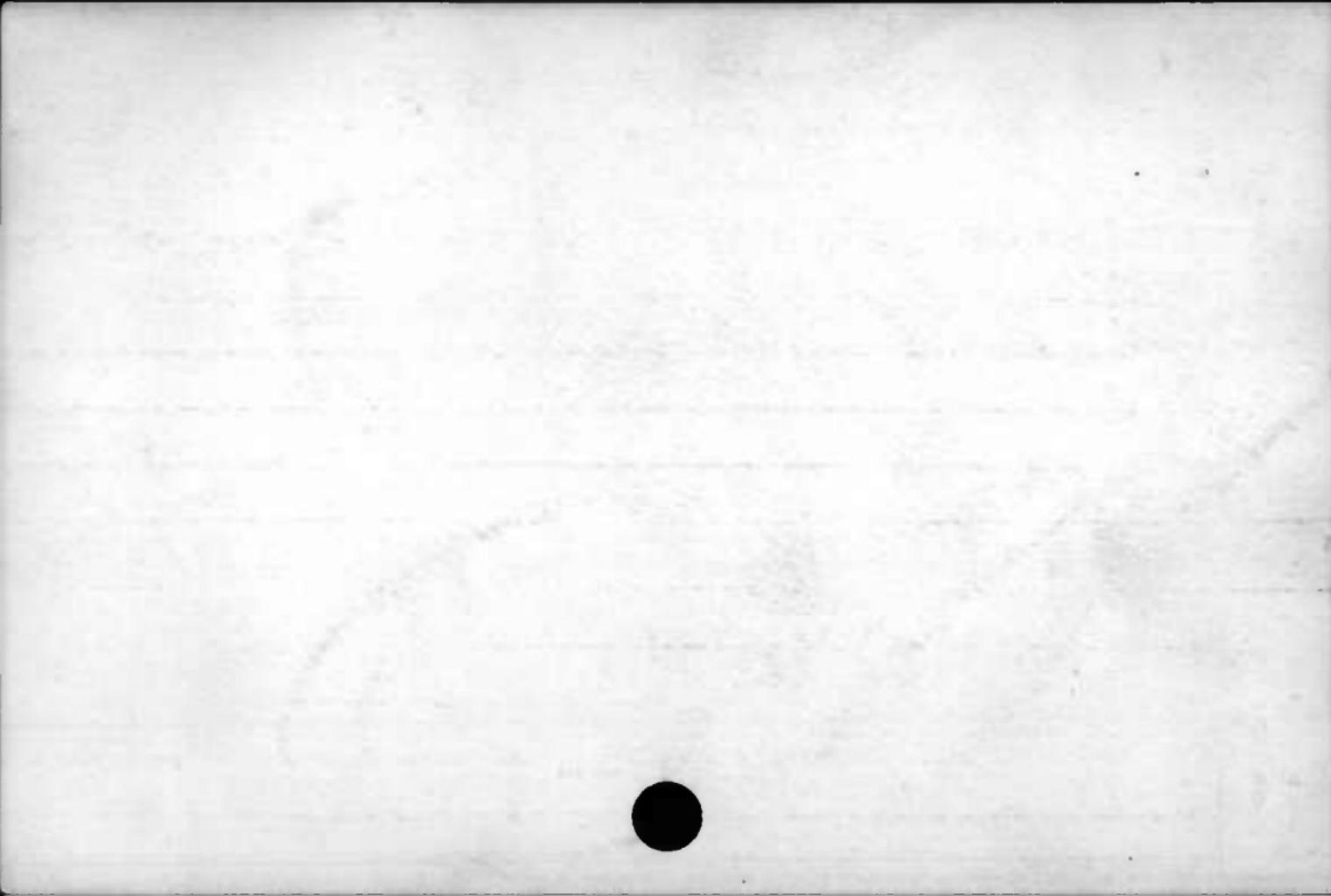
PHYSICIAN  
OR CORONER

John H Hounds

Town			County		CERTIFICATE OF DEATH	
Died at	Month	Day	Howard Co	MARYLAND		
Date of death 1903	Month Nov	Day 19 <sup>th</sup>	Age 75	Years	Months	Days
Sex male	Color or Race white	Occupation Engineer		Maryland Anne Arundel Co		
Married, Single or Widowed Married						
Name of Wife or Husband Emma C Hounds						
Father's Name						Father's Birthplace
Mother's Maiden Name						Mother's Birthplace
Name of person giving information Emma C Hounds						How related to deceased wife

CAUSES OF DEATH

Primary	Infirmity of age	How long	eighteen months
Immediate	goutitis	How long	one day
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Arthur Williams
yes		Address	Elk Ridge Howard Co Maryland
Accident or Suicide?			



Sarah Jansen

Town

County

Died at Dayton

Howard

MARYLAND

Date 1903	Month Nov.	Day 6	Y. 14	M. 1	D. 29	Native of Dayton	Occupation House maid
Male	White		Age 14	Married	Widow	Divorced	
Female	Colored			Single	Widower	Number of children living	

Husband  
of  
Wife

Father's  
Name

Cause of  
Death

Immediate

Mother's  
Name

Elizabeth Jansen

How long sick

6 months

Accident, Suicide, Homicide

Reported by

Aug Stabler

Address

Brighton

Maryl. C. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Henry Lantaro

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County		MARYLAND		
Date of death 1903	Month Nov.	Day 14	Years 27	Months —	Days —	
Sex Male	Color or Race White	Birth-place Ely				
Married, Single or Widowed Married	Occupation Stone cutter					
Name of Wife or Husband Annie Lantaro						
Father's Name Bartholomeo Lantaro						
Mother's Maiden Name Magrata Lantaro						
Name of person giving information Katie Frederick	Father's Birthplace Ely					
Mother's Birthplace Ely						
How related to deceased Brother-in-Law						

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	How long
	Immediate	Emphysema of lungst & heart 3 days
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician
		Address
Accident or Suicide?		



James O. Sellman

Died at	Town	County	MARYLAND
	Henryton	Howard Co.	
Date 1903	Month Nov	Day 22	
	Age 34	Y. M. D.	Native of Md
Male	White	Married	Occupation Labourer
Female	Colored,	Single	Divorced
Husband			Number of children living
Wife			

Father's Name	Charles Sellman	Mother's Maiden Name	Ellen Day
---------------	-----------------	----------------------	-----------

Cause of Death	Primary: General Tuberculosis Immediate: Systemic prostration	How long sick over 2 yrs
		Accident, Suicide, Homicide

Reported by	Benj. F. Shifley	M.D.
Address	Alpha	Howard Co. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Annie Dins

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County		MARYLAND		
Died at	Elkridge	Howard				
Date of death 1903	Month 11	Day 6	Age 7	Years 7	Months 7	Days 1
Sex	Hair	Color or Race	Occupation			
Married, Single or Widowed					Birth- place	Elkridge
Name of Wife or Husband						
Father's Name	Daniel Dins			Md		
Mother's Maiden Name	Lucy Dins			Md		
Name of person giving Information	Daniel Dins			Father		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Strangulation

How long

1 hour

Immediate

How long

2 hours

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Address

Karrison Town Hall

Elkridge

Md

Accident or Suicide?

